

PROJECT EVALUATION FEEDBACK

PROJECT NO. 94-275-0 (phase VI)
DATE OF PROJECT 25-27 Jan 95

SG1J

The following is an evaluation form for the project you reviewed. Please complete this form and return to , Chief, Technology Assessment and Support Activity.

A. Is the information accurate? (Circle response)

<u>Categories</u>	Source <u>A</u>	Source <u>B</u>	Source <u>C</u>
Yes (true)	(1)	(1)	(1)
May be true	(2)	(2)	(2)
Possibly true	(3)	(3)	(3)
No	(4)	(4)	(4)
Possibly not true	(5)	(5)	(5)
Unsure	(6)	(6)	(6)

B. What is value of the Source(s)' information? (Circle response)

Major significance	(1)	(1)	(1)
High value	(2)	(2)	(2)
Of value	(3)	(3)	(3)
Low value	(4)	(4)	(4)
No value	(5)	(5)	(5)

UNCLASSIFIED WHEN BLANK

SECRET
NOT RELEASABLE TO FOREIGN NATIONALS
LIMITED DISSEMINATION

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CONTROL NUMBER

SG1B

FROM _____ OFFICE PAG-TA PHONE NUMBER

SUBJECT _____

CLASSIFICATION _____ PAGES _____

DELIVERY INSTRUCTIONS

HOLD FOR NORMAL DUTY HOURS _____ DELIVER IMMEDIATELY _____

REPLY REQUESTED YES NO

TRANSMIT TO

AGENCY	INDIVIDUALS' NAME	OFFICE	ROOM #	PHONE #

REMARKS